

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Involvement of Community Paediatricians in the care of children and young people with mental health difficulties in United Kingdom: Implications for case ascertainment by Child and Adolescent Psychiatric, and Paediatric Surveillance Systems
AUTHORS	Ayyash, Hani F. Ogundele, Michael Oladipo Lynn, Richard M Schumm, Tanja-Sabine Ani, Cornelius

VERSION 1 – REVIEW

The paper was not initially sent for peer-review.

VERSION 1 – AUTHOR RESPONSE

Thanks very much for the opportunity given to revise the manuscript.

The survey questions have been added as an appendix in the script.

We are pleased to add the suffix "in the UK" to the title and within relevant places within the abstract and text.

Please find attached the revised manuscript.

VERSION 2 – REVIEW

REVIEWER	Reviewer name: Dr. Shanti Raman Institution and Country: South Western Sydney Local Health District, Department of Community Paediatrics Competing interests: None
REVIEW RETURNED	02-Jul-2020

GENERAL COMMENTS	General: This is a really important issue but the title and indeed the content of the study is rather misleading- it is not about CCH and CAMHS joint working, rather about whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System. Rather a convoluted message to get across- I wonder if title can be tweaked to reflect the study? At the outset, the authors state that they want to “gain a better understanding of the extent to which CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System (CAPSS) study directed solely to CAMHS psychiatrists”—however, it is never made clear what these rare conditions are, which particular ones are likely to be assessed by paediatricians or psychiatrists, which are more likely to be jointly managed. It is
-------------------------	--

	<p>certainly too late to change the study itself, but the bulk of the study seems to be about common, garden variety conditions that both CCH paediatricians and CAMHS deal with, so would it not be better to actually investigate joint working and where the overlap occurs and how best to deal with? Both BPSU and CAPSS are surveillance systems that investigate rare conditions- and I am not sure these surveillance systems are the best vehicle to investigate the joint working of these two services for everyday conditions. So there is quite a lot of confusion about what the aims of the study are and how the results actually relate to the aims. I think there are a lot of worthwhile nuggets in this study, but it takes a lot of digging to find them and there is no cohesive thread. Needs a complete re-write and a re-framing of the issue in question, to aid clarity. Another strategy to improve clarity and readability is to provide a table of all the acronyms used – and there are a lot of them which don't translate to a global audience, not all of them get spelt out.</p> <p>Abstract</p> <p>Background does not contain the aims of the study, which seems to be embedded within Method. Actual numbers of clinicians surveyed is not mentioned nor is response rate, method of data collection and analysis (quantitative and qualitative) is not stated. Neither background nor methods then link to the Results reported, which only seem to report on the qualitative findings presumably from the free-text section of the survey. And then the Conclusions state: “the need for CCH in rare disease surveillance” which was really not really reported in the Results and hardly at all in the Background.</p> <p>In Methods, change: the respondents we (were) able to give free comments about their experiences of collaborative work with CAMHS</p> <p>Introduction</p> <p>Needs to be re-written to provide the context to this study. The first 5 paragraphs discuss CCH and CAMHS clinicians managing common conditions either separately or jointly. No mention is made of rare mental health disorders, which conditions they are and who manages them and whether indeed there may be an overlap. Perhaps 1 sentence each about what BPSU and CAPSS seek to do to provide context- at the very minimum. Only the last sentence mentions: “it is important to understand the extent of management inter changeability and the new commitments of CCH clinicians in the field of rare paediatric MH disorders”—this seems to come out of nowhere.</p> <p>Methods</p> <p>There are 2 paragraphs describing Methods- this is woefully inadequate. How many respondents were mailed (ie denominator), what sort of analysis was conducted- both quantitative and qualitative? What sort of statistical package or database was used? Also given that the primary reason given for this project was to identify if CCH paediatricians might be seeing children with rare mental health conditions that could be missed by CAPSS- there is nothing in the survey itself that mentions rare mental health conditions!</p> <p>Results</p> <p>Response rate is usual- BACCH will have the “n” available. If authors fix the previous 2 sections then the Results will flow accordingly. At this point it is hard to know exactly what the purpose of reporting in this manner is. Some of the results are presented as % of respondents, said this and then moves to thematic analysis of the free text responses. Would make it easier</p>
--	--

	<p>to have the Results clearly separated into Quantitative and Qualitative sections- and there has to be a clear statement of how the thematic analysis was done- was it thematic content analysis? Some quotes might come in handy.</p> <p>Discussion</p> <p>It is usual to start with stating the main findings of this study in the first paragraph, which seems to be: The commonest areas of CCH services engaged in by CCH paediatricians are ADHD and ASD, Neurodisability and Safeguarding/Child Protection. This is hardly a new research finding. If the intent of this study was to tease out how CCH and CAMHS work together- then that should be the main findings stated. Again this whole section needs a re-write following the Methods and Results section being re-done.</p>
--	--

REVIEWER	<p>Reviewer name: Dr. Luis Rajmil</p> <p>Institution and Country: Homer 22 1st 1, Barcelona, 08023, Spain</p> <p>Competing interests: None</p>
REVIEW RETURNED	27-Jun-2020

GENERAL COMMENTS	<p>Authors present the results of a survey to Community Child Health clinicians addressed to analyse their experience with children and young people with neurodevelopmental, behavioural and intellectual disorders, and mental health problems, and their relationship, coordination, etc, with child/adolescents mental health services psychiatrists.</p> <p>Some suggestions to improve the presentation of the study are:</p> <p>1) For readers unfamiliar with the primary care and referral system of children with developmental problems, mental health problems, or both in the UK it would be important to summarize very briefly what the process is like, how patients are referred, the structure, source of funding and organization of services.</p> <p>2) Although it is clearly stated that minors with neurodevelopmental problems have a high probability of presenting mental health problems, data on the prevalence of these problems (NDEP) could be included at the introduction section.</p> <p>2) Authors mention that one of the strengths of this study is its nationwide scope and a representative sample of CCH paediatricians in the UK. It would be important to add some other information such as the total response rate, response rate by area, response rate by source of provision, age of participants compared to non-participants, etc. This result could add to the validity of responses.</p> <p>3) Do respondents mention whether the difficulties of referral and coordination have worsened in the post-economic crisis of 2008 with the austerity measures taken by Government? Some information on budgets cuts and variation on services provision associated to this information would be also helpful.</p>
-------------------------	--

VERSION 2 – AUTHOR RESPONSE

Dr. Georgina Cox
Associate Editor, BMJ Paediatrics Open

Dear Dr Cox,

We thank you again for the opportunity to revise and resubmit this manuscript. We also thank both Reviewers for being generous with their time to make detailed and very helpful comments on the manuscript.

The revised manuscript has addressed the comments made by the Reviewers. We have presented below the comments by the REVIEWERS followed by our RESPONSE. We responded to comments by the Second Reviewer followed by response to comments by the First Reviewer.

SECOND REVIEWER'S COMMENT - General

This is a really important issue but the title and indeed the content of the study is rather misleading- it is not about CCH and CAMHS joint working, rather about whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System. Rather a convoluted message to get across- I wonder if title can be tweaked to reflect the study? At the outset, the authors state that they want to “gain a better understanding of the extent to which CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System (CAPSS) study directed solely to CAMHS psychiatrists”—however, it is never made clear what these rare conditions are, which particular ones are likely to be assessed by paediatricians or psychiatrists, which are more likely to be jointly managed. It is certainly too late to change the study itself, but the bulk of the study seems to be about common, garden variety conditions that both CCH paediatricians and CAMHS deal with, so would it not be better to actually investigate joint working and where the overlap occurs and how best to deal with? Both BPSU and CAPSS are surveillance systems that investigate rare conditions- and I am not sure these surveillance systems are the best vehicle to investigate the joint working of these two services for everyday conditions. So there is quite a lot of confusion about what the aims of the study are and how the results actually relate to the aims. I think there are a lot of worthwhile nuggets in this study, but it takes a lot of digging to find them and there is no cohesive thread. Needs a complete re-write and a re-framing of the issue in question, to aid clarity. Another strategy to improve clarity and readability is to provide a table of all the acronyms used – and there are a lot of them which don't translate to a global audience, not all of them get spelt out.

OUR RESPONSE: General

We have completely re-written the manuscript as recommended by the second Reviewer and reframed the revised paper to improve the clarity as explained below.

In re-writing the paper, we were particularly mindful of comments by the second Reviewer that indicates that the message in the original paper was “*convoluted*” and “*a lot of confusion about what the aims of the study are and how the results actually relate to the aims*”

The second Reviewer identified that the manuscript contained two separate themes, namely (a) *whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System*, and (b) *issues around joint working between CCH Paediatricians and CAMHS*.

In order to address the lack of clarity and focus of the original manuscript (as clearly identified by the second Reviewer), we reflected on the data again and decided that it would be clearer and more focused if the two themes (which are also the two aims of the survey) are separated and presented in two different manuscripts – each focusing on one theme. We believe that trying to cover both aims in one paper does not allow sufficient space to explore them within the 2500 word-limit of the Journal.

Thus, we have focused this resubmission specifically on the first aim of the study is *whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System*. Therefore, we have done the following:

- (a) We changed the title to **Involvement of Community Paediatricians in the care of children and young people with mental health difficulties in United Kingdom: Implications for case ascertainment by Child and Adolescent Psychiatric, and Paediatric Surveillance Systems**. This new title clearly reflects the focus of the revised manuscript on the theme of *whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System*
- (b) We have made it clear in the last paragraph in the introduction section of the revised manuscript that the aim of the study that is covered in this paper is to “*ascertain the extent to which community paediatricians may be involved in the care of children with mental health conditions, the types of mental health conditions they are involved in providing care for, and the reasons for their involvement*.”
- (c) We also sign-posted in the last paragraph of the introduction that the second aim of the study, which is “*to explore the challenges and opportunities in joint working between CCH paediatricians and CAMHS*” will be the subject of a separate publication. That subsequent publication will explain the fact that the paper is second part of a study and that data on first part has already been published with the reference cited.

In relation to acronyms, this revised manuscript has much fewer acronyms, and we have included their meaning within the text. Thus, there is no need to place the acronyms in a separate table.

SECOND REVIEWER’S COMMENT: Abstract

Background does not contain the aims of the study, which seems to be embedded within Method. Actual numbers of clinicians surveyed is not mentioned nor is response rate, method of data collection and analysis (quantitative and qualitative) is not stated. Neither background nor methods then link to the Results reported, which only seem to report on the qualitative findings presumably from the free-text section of the survey. And then the Conclusions state: “the need for CCH in rare disease surveillance” which was really not really reported in the Results and hardly at all in the Background.

In Methods, change: the respondents we (were) able to give free comments about their experiences of collaborative work with CAMHS

OUR RESPONSE: Abstract

We have completely re-written the abstract so that the aim of the study covered in this manuscript is now clear, and links to the methods, results and conclusion.

SECOND REVIEWER'S COMMENT: Introduction

Needs to be re-written to provide the context to this study. The first 5 paragraphs discuss CCH and CAMHS clinicians managing common conditions either separately or jointly. No mention is made of rare mental health disorders, which conditions they are and who manages them and whether indeed there may be an overlap. Perhaps 1 sentence each about what BPSU and CAPSS seek to do to provide context- at the very minimum. Only the last sentence mentions: "it is important to understand the extent of management inter changeability and the new commitments of CCH clinicians in the field of rare paediatric MH disorders"—this seems to come out of nowhere.

OUR RESPONSE: Introduction

We have completely re-written the introduction such that the context of the study is now clear. We have explained the purpose and importance of surveillance studies in epidemiology, provided an understanding of BPSU and CAPSS, illustrated how surveillance methodology works, discussed why complete case ascertainment is important in surveillance studies, the role of joint BPSU and CAPSS studies in improving case ascertainment for certain conditions, need for further understanding of which conditions require joint surveillance and which ones may be appropriate for single surveillance, and how this study aims to help in furthering this understanding. The introduction also explains that surveillance strategy can be applied to common conditions if the study relates to aspects such as less common subtypes or uncommon outcomes.

SECOND REVIEWER'S COMMENT: Methods

There are 2 paragraphs describing Methods- this is woefully inadequate. How many respondents were mailed (i.e. denominator), what sort of analysis was conducted- both quantitative and qualitative? What sort of statistical package or database was used? Also given that the primary reason given for this project was to identify if CCH paediatricians might be seeing children with rare mental health conditions that could be missed by CAPSS- there is nothing in the survey itself that mentions rare mental health conditions!

OUR RESPONSE: Methods

We have provided more details about the methodology including the target population, structure of the survey and the approach to data analysis.

SECOND REVIEWER'S COMMENT: Results

Response rate is usual- BACCH will have the "n" available.

If authors fix the previous 2 sections then the Results will flow accordingly. At this point it is hard to know exactly what the purpose of reporting in this manner is. Some of the results are presented as % of respondents, said this and then moves to thematic analysis of the free text responses. Would make it easier to have the Results clearly separated into Quantitative and Qualitative sections- and there has to be a clear statement of how the thematic analysis was done- was it thematic content analysis? Some quotes might come in handy.

OUR RESPONSE: Results

We have provided a response rate and qualified it with additional context. We have also separated the quantitative and qualitative results. The qualitative results are illustrated with quotes. As we explained earlier under "General", the results presented are based on the first objective of the survey which is now the focus of this particular manuscript. Results related to the second objective (i.e. challenges and opportunities in joint working of CCH and CAMHS) will be presented in a separate manuscript devoted to that objective.

SECOND REVIEWER'S COMMENT: Discussion

It is usual to start with stating the main findings of this study in the first paragraph, which seems to be: The commonest areas of CCH services engaged in by CCH paediatricians are ADHD and ASD, Neurodisability and Safeguarding/Child Protection. This is hardly a new research finding. If the intent of this study was to tease out how CCH and CAMHS work together- then that should be the main findings stated. Again this whole section needs a re-write following the Methods and Results section being re-done.

OUR RESPONSE: Discussion

We have started the discussion section with a summary of the main findings related to the first objective which is now the focus of this particular manuscript. The discussion has been completely re-written to flow from the earlier sections of the manuscript.

COMMENTS BY FIRST REVIEWER

Authors present the results of a survey to Community Child Health clinicians addressed to analyse their experience with children and young people with neurodevelopmental, behavioural and intellectual disorders, and mental health problems, and their relationship, coordination, etc., with child/adolescents mental health services psychiatrists.

Some suggestions to improve the presentation of the study are:

- 1) For readers unfamiliar with the primary care and referral system of children with developmental problems, mental health problems, or both in the UK it would be important to summarize very briefly what the process is like, how patients are referred, the structure, source

of funding and organization of services.

2) Although it is clearly stated that minors with neurodevelopmental problems have a high probability of presenting mental health problems, data on the prevalence of these problems (NDEP) could be included at the introduction section.

2) Authors mention that one of the strengths of this study is its nationwide scope and a representative sample of CCH paediatricians in the UK. It would be important to add some other information such as the total response rate, response rate by area, response rate by source of provision, age of participants compared to non-participants, etc. This result could add to the validity of responses.

3) Do respondents mention whether the difficulties of referral and coordination have worsened in the post-economic crisis of 2008 with the austerity measures taken by Government? Some information on budgets cuts and variation on services provision associated to this information would be also helpful.

OUR RESPONSE

The decision to refocus the resubmitted manuscript on the first aim of the study (i.e. *whether CCH paediatricians might be seeing children with rare mental health conditions that could be missed in a Child and Adolescent Psychiatrist Surveillance System*) means that the introduction no longer needs to discuss referral pathways. However, a discussion of referral pathways will be included in the subsequent manuscript that will discuss the second objective of the study which will focus on *“joint working between CCH Paediatricians and CAMHS”*.

Similarly, the focus of the current revised manuscript does not lend itself to exploring prevalence of disorders but this would be included in the subsequent manuscript that will focus on joint working between CCH Paediatricians and CAMHS.

We have included a discussion of response rate and representativeness of the responses in the methods and limitation sections of the paper.

The final point by the first Reviewer will be included in the second manuscript that will focus on the second objective of the survey (i.e. joint working between CCH and CAMHS)

I hope we have addressed the Reviewers' comments satisfactorily, and we hope that the current version of the manuscript would be accepted for publication.

Yours sincerely

Dr Hani Ayyash
Corresponding author

VERSION 3 – REVIEW

REVIEWER	Reviewer name: Dr. Luis Rajmil Institution and Country: Homer 22 1st 1, Barcelona, 08023, Spain Competing interests: None
REVIEW RETURNED	21-Dec-2020

GENERAL COMMENTS	The authors have improved the manuscript “Involvement of Community Paediatricians in the care of children and young people with mental health difficulties in United Kingdom: Implications for case ascertainment by Child and Adolescent Psychiatric, and Paediatric Surveillance Systems” and have answered all questions from the Reviewers
-------------------------	--

VERSION 3 – AUTHOR RESPONSE